



# The Children's Intensive In-Home Services Intensive Behaviors Program Referral Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Parent(s) Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Prime #: \_\_\_\_\_ SSN: \_\_\_\_\_  
Language spoken in the home: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Has DD eligibility been established at the County?  
 Yes  No  Pending

**ATTACH A COPY OF DD ELIGIBILITY STATEMENT AND COPIES OF ALL SUPPORTING RECORDS USED IN DETERMINING ELIGIBILITY TO THIS REFERRAL-- Intake will *not* proceed without these documents.**

Does the family know they are being referred to us?  Yes  No  
Has the referral source met the family and child?  Yes  No

County Information County Name: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the child receiving SSI?  Yes  No  
Is the child receiving 20 hours of personal Care?  Yes  No  
If "No", please explain: \_\_\_\_\_

Is the child receiving Family Support and/or Crisis Diversion funding?  
 Yes  No

If "Yes", please attach a copy of the plan(s) to your referral.

**Presenting Issues** (Please provide a brief description of behaviors that apply to this client referral):

Aggression: \_\_\_\_\_

Self Injurious Behavior: \_\_\_\_\_

Property Destruction: \_\_\_\_\_

Sleep/Night Care Issues: \_\_\_\_\_

Impulsive, Dangerous Behaviors: \_\_\_\_\_

Special medical needs, medications, and/or specialized equipment:

**Submitting Referral to the CIIS Intensive Behaviors Program**

Please mail or fax a copy of this referral form and the following Documentation:

- 1) A current DD eligibility statement for the child
- 2) Copies of any family support and/or crisis diversion plans
- 3) Copies of any recent evaluations that will help us better understand this child's complex behavioral issues

Mail or fax to: CIIS Referral Coordinator  
Seniors and People with Disabilities  
600 NW 14<sup>th</sup> Avenue, Suite 100  
Portland, OR 97209  
Fax: (971) 673-2971  
Phone: (971) 673-2995